Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. Full Name (Last, First, Middle Initial) Rely on Your Boliefs Fund Mailing Address 209 Pennsylvania Avenue, SE City Washington DC 20003 Purpose of Disbursement 2010 Gonoral President State: District: Ontribution Cardidate Name Rely on Your Boliefs Fund City State Special President State: District: Ontribution City State Special President Conditate Name Robert E. Andrews Office Sought: Senate President State: NJ District: 01 Full Name (Last, First, Middle Initial) Robert Hurt for Congress Mailing Address PO Box 2 City State Zip Code NJ 07076 NJ 07076 Transaction ID: A38AF2BA0FA: Date of Disbursement this P Date of Disbursement this P Category/ Type Transaction ID: AA8AF2BA0FA: Date of Disbursement this P Date of Disbursement this P Category/ Type Transaction ID: AA8AF2BA0FA: Date of Disbursement this P Date of Disbursement this P Category/ Type Transaction ID: AA8AF2BA0FA: Date of Disbursement this P Date of Disbursement this P Category/ Type Transaction ID: AA8AF2BA0FA: Date of Disbursement this P Date of Disbursement Office Sought: Senate President Other (specify) ▼ Transaction ID: AA8AF2BA0FA: Date of Disbursement this P Cardidate Name Robert E. Andrews Mailing Address PO Box 2 City State Zip Code Chatham VA 24531 Purpose of Disbursement Other (specify) ▼ Amount of Each Disbursement this P Category/ Type Transaction ID: 6EEF5D9B34Ar Date of Disbursement Other (specify) ▼ Amount of Each Disbursement this P Category/ Type Other (specify) ▼ Category/ Type Other (specify) ▼ Other (specify) ▼ Control of the (specify) ▼ Control of the (specify) ▼ Category/ Type Other (specify) ▼ Category/ Type Other (specify) ▼ Category/ Type	IZED DISPUBLICATION	Use separate schedule(s)		FOR LINE NUMBER: PAGE 115 / 117 (check only one)		
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